

REQUEST FOR DISBURSEMENT  
NORTH CAROLINA MEDICAL CARE COMMISSION  
DIVISION OF HEALTH SERVICE REGULATION  
RALEIGH, NORTH CAROLINA

REQUISITION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ PROJECT NUMBER: NC \_\_\_\_\_ HFA

BORROWER/PROJECT NAME: \_\_\_\_\_

TO: \_\_\_\_\_, Trustee

1. It is hereby certified in accordance with the Trust Agreement and the Loan Agreement that the following is/are due payment in the amount(s) indicated for:

<u>PAYEE</u>	<u>FINAL BUDGET LINE ITEM</u>	<u>AMOUNT DUE</u>
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Total Amount of this Requisition

Note: Multiple payees may be submitted on one requisition provided all information is attached in spreadsheet format.

2. The amount stated above has been incurred, is due, is a proper charge against the **Project** Fund, and does not contain any retainage to which the Commission or the corporation is entitled. Further, the stated amount herein does not contain any sales or use taxes.
3. There has not been filed with or served upon the North Carolina Medical Care Commission or the Corporation notice of any lien, right to lien or attachment upon, or claim affecting the right of any such persons, firms, or corporations to receive payment of, the respective amounts stated in this requisition which has not been released simultaneously with the payment of such obligations.

You are authorized and directed to pay the above sum (sums) to the party (parties) named in Paragraph 1 from money in the Project Fund held under the terms of the Trust Agreement.

CERTIFIED BY:

QUESTIONS REGARDING THIS  
REQUISITION SHOULD BE DIRECTED

\_\_\_\_\_  
Official Corp. Representative                      Date

TO: \_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(type or print name)

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Telephone number                      Fax number

APPROVED BY:

\_\_\_\_\_  
Official Commission Representative                      Date

## INSTRUCTIONS FOR PREPARING REQUISITION

1. **Numbering of Requisition Forms.** Requisition forms shall be numbered consecutively beginning with Number One. Put Construction Section project number (NC #) at top of form.
2. **For building contracts,** list the contractor or agency, to whom payment is due, in Item 1 under the column heading, PAYEE. Several Payees' may be combined under one requisition. An attachment listing various payees's and budget line items is permitted. Please include addresses and wire instructions as necessary.
3. **Requisitions for miscellaneous costs** (e.g., architects' fees, equipment, tests, etc.) must be submitted separately from building contract costs. List payee(s) in the blank spaces provided under Line 1, as well as the categories of service, material, equipment, etc., and the individual sum(s) in the appropriate blank. **Requisitions for issuance cost must be submitted on a separate form.** Attach appropriate supporting cost data for each payee.
4. **Requisitions for items not payable pursuant to a construction contract** - the Corporation shall certify that such item has been purchased at the lowest price available in the marketplace after taking into account (i) quality, (ii) availability, (iii) reliability and (iv) such other factors as the Corporation may use in its prudent business judgment in the acquisition of such goods.
5. **For payments due the Borrower as reimbursement of costs incurred or for refinancing of debt,** attach copies of paid invoices, cancelled notes and cancelled checks (front and back) as proof of payment by the Borrower to the lender or the vendor. Requisitions for payment to the vendor must be accompanied by the original invoices.
6. **The final budget line item is the line item in the budget established at loan closing against which the expenditure is to be charged.**
7. **Signatures.**
  - A. Each requisition form shall bear an original signature of the Official Representative of the owner.
  - B. Following approval/signing by the owner's Official Representative, two copies of the requisition with one copy of back-up material should be forwarded for processing and final approval to the North Carolina Medical Care Commission, 701 Barbour Drive, Raleigh, N.C. 27603 (UPS & FedEx) or USPS (2701 Mail Service Center, Raleigh, NC 27699-2701).
8. **Amounts should not be rounded off to the nearest dollar. Reimbursement shall be for the net amount of the expenditure (net of sales tax, credits and refunds).**
9. **Incomplete requisitions will not be processed and will be returned to the facility.**
10. **Requisitions for Pooled Loan Program projects should be received in the Commission's offices at least five (5) working days in advance of the date of payment by the trustee (1985 and 1986 Pools are paid on the 10th and 25th of each month and the 1991 Pool is paid on the 1st and 15th of each month.)**
11. **Construction draws are to be submitted with AIA Form No. G702 & G703.**
12. **The first requisition for items for which a Certificate of Need is required must be accompanied by a copy of the Certificate of Need.**
13. **You must submit an updated DHSR form 3039, Project Fund Status Report or equivalent Excel spreadsheet with each requisition.**
14. **Failure to include all information requested by the form may result in processing delays.**